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Stories in MEDNEWS use Corps abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (Navy researchers and administrative managers). Corpsmen and Dental Technician designators are placed in front of their names.

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Headline: Project Tumbleweed addresses Y2K problem
By Mary Katherine Jeffers, Naval Medical Information Management Center

BETHESDA, Md. -- In his State of the Union address this year, President Clinton said, "We must be ready for the 21st century from its very first moment by solving the so-called Y2K computer problem. We need...to make sure that this Y2K bug will be remembered as the last headache of the 20th century, not the first crisis of the 21st."

To ensure that Y2K is not the first crisis of 1999 for Navy Medicine, the Naval Medical Information Management Center (NMIMC) has been inventorying its computers and today has successfully identified personal computers, servers and software within Navy Medicine that are or will be made Y2K compliant.

'Project Tumbleweed', an initiative directed by LT David Jacobson, MSC, director for information services at NMIMC, used modified software to recognize the unique Navy Medicine software applications and to electronically inventory all desktop equipment and servers.

A team of contract support personnel, B. J. Edgerly and Dana Henderson working out of NMIMC, launched the project September 24, 1998, and it was completed December 14, having scanned more than 18,000 systems at almost 400 sites in only nine weeks. And it was a complex and comprehensive effort that captured more than one hundred million pieces of information.

Edgerly and Henderson compiled the information and assessed the status of each PC and server throughout the Navy Medicine claimancy. The results were forwarded to the commanding officers at the surveyed sites.

Although corrective actions are still pending for some computers, NMIMC is working with the Bureau of Medicine and Surgery to complete the process.

In addition to ensuring that Navy Medicine computers and other hardware are ready for the year 2000, Project Tumbleweed also established a technological first. According to CAPT Larry Walters, MSC, commanding officer of NMIMC, the software used by his staff recognized Windows-based computers and operating systems connected to the Navy components. He said that was something that no other technology had accomplished.

And though the project was important with its results and technology use, both Walters and Jacobson agreed that the project met another important goal of not putting an additional burden on patient care at the Medical Treatment Facilities.

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Headline: Patuxent River conducts Glaucoma screenings
By LCDR Micah Meyers, MSC, Naval Medical Clinic, Patuxent River

PATUXENT RIVER, Md. -- Good vision is mandatory for Navy personnel and the medical team at Naval Air Station Patuxent River is ensuring that Sailors and Marines there detect vision problems early. The Naval Medical Clinic Patuxent River recently held two glaucoma-screening campaigns during Glaucoma Awareness Month .

More than 60 patients were screened during sessions at the Military Treatment Facility and at the base commissary. Optometry Department representatives identified risk factors for glaucoma, measured corrected visual acuity and overall vision health. In addition the optometry clinic offered two educational videos to patients as they waited for their exams. The optometrist provided information to those who showed problems, advising further treatment as indicated.

But the glaucoma screenings success did not just happen. In the weeks preceding the events, the Optometry and Health Promotions Departments made sure that as many people as

possible knew about the screenings. Information packets were distributed at various locations, including the Navy Exchange, commissary and various clinics within the MTF. Participation feedback from patients indicated that the clinic was indeed responsive to its customers. Their comments showed they were interested in preventive care and would take advantage of this kind of disease intervention program.

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Headline: San Diego uses PET for diagnosis

By Doug Sayers, Naval Medical Center San Diego

SAN DIEGO -- The staff in the Radiology department at Naval Medical Center San Diego has a new PET device. Their partiality for the hardware is understandable, it is the only one used in the Navy and its usefulness in patient diagnosis makes it particularly desirable for Navy Medicine. This new PET is a Positron Emission Tomography scanner. It provides a means for the medical team to analyze cancerous lesions using images created by the scanner. Using a simple sugar compound that is absorbed by the lesion, the PET scanner creates images that show the sugar accumulation by the cancerous lesion. Non-cancerous lesions do not show the accumulation.

The PET scan is a decision making tool for the physician who must determine whether a cancer patient should undergo surgery. PET scan findings more accurately show the extent of the cancer and can be used to best determine whether surgery, radiation treatment, or some other form of care would have the greatest chance of success.

In case studies provided by the scanner manufacturer, eight patients who had a variety of cancers and diagnoses received a PET scan. Information provided by the scan allowed physicians to avoid unnecessary procedures. In addition, some patients who would have previously been considered inoperable by traditional imaging criteria become candidates for a curative surgery.

Use of the PET scan at Naval Medical Center San Diego paralleled the case study findings. CDR Rodney Dunseath, MSC, Nuclear Medicine Division director said, "At least eight surgeries, which would not have benefited the patient, have been avoided since installation of the PET scanner. By looking at the processing of the imaging agent in the chest and neck, we're better able to determine if there is unsuspected cancer and then provide better direction for the patient's treatment."

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Headline: Guam's operating room gets high marks

By LCDR Dick W. Turner, NC, U.S. Naval Hospital Guam

Agana, Guam -- There are numerous hospitals in the Navy where surgery is performed well. One of those facilities, U.S. Naval Hospital Guam surgical facility, recently renewed its surgical stamp of approval with the Joint Commission for

Accreditation of Health Care Organizations or JCAHO. During the hospital's recent JCAHO inspection a number of quality items were cited, but three main areas of the surgery suite received particular praise from the inspectors.

Surgeons will now get faster feedback about patient tissue specimens with the new procedure that ensures consistently timelier evaluations. As preoperative nurses, LT Gwendolyn Allanson, NC, and LT Dawn Dennis, NC, see it, the change also provides better communication with the pathology lab, which reduces the chances for patient specimen mishandling.

Everyone who works in the operating room makes contributions to the overall efficiency and safety of surgery performed there. Hospitalman Rebecca Ramirez and Hospital Corpsman Third Class Ravell Slayton improved methods for cleaning anesthesia equipment in the central sterilization section.

Changing procedures to improve safety and efficiency is fine, but Guam reinforced those actions with a training program to ensure clinic corpsmen are thoroughly trained in surgical assist procedures. The medical management team realized that Naval Hospital Guam is a forward based unit and must be ready to handle surgically intense missions. To ensure that an adequate number of trained individuals were always available, general surgeons CDR John Widergren, MC; LCDR Bruce Cairns, MC and LCDR Thomas Bosshardt, MC, developed a teaching program that helped general surgery clinic corpsmen improve their surgical assistant competency.

According to Hospital Corpsman Second Class Amy Chapman, a general surgery senior operating room technician, one result of the training was it prepared a surgical technician to open another operating room, prepare specialty gear and decrease operating room turnover times.

And Hospital Corpsman Second Class William Cooper and Hospital Corpsman Third Class Itielu Tilo, general surgery clinic workers, agreed the training was beneficial. They said they now could better relate to and care for the patients because they see them in the clinic pre-op, in the operating room during surgery and then in the clinic again for post-op care. For them, it was providing continuity of service, which is another aspect of customer satisfaction at the hospital.

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Headline: Laboratory celebrates fifteen years of support to Sailors and Marines

By Doris Ryan, Bureau of Medicine and Surgery

WASHINGTON -- Deployed Sailors, Marines and Soldiers can be exposed to infectious diseases, including some not encountered by physicians in the United States. To study these disease threats to mission readiness, the U.S. Navy established a system of overseas laboratories. In the early 1980's the surgeons general of the Peruvian and American

Navies agreed to a cooperative medical research program. This agreement led to the establishment of the Naval Medical Research Center Detachment Lima, Peru, the only U.S. Navy medical facility in South America. The laboratory's mission is to conduct medical research aimed at minimizing the impact of infectious diseases on military operations in Central and South America. This research also benefits the general Peruvian population.

According to CDR T. Sharp, MC, the officer-in-charge of the laboratory, "During our fifteen years in Peru, we have been able to work together with the Peruvian Navy, the Peruvian Ministry of Health and a number of local universities to study infectious diseases of mutual interest. While our Peruvian colleagues have had access to more advanced [American] scientific and research technologies, we have gained from their considerable local experience and knowledge."

The Lima facility has a satellite laboratory in Iquitos, Peru, in the jungle at the head of the Amazon River. The terrain in Peru includes the tropical Amazonian rainforests, coastal desert plain and the Andean mountains. The types of infectious diseases vary considerably in each of these regions and offer unique opportunities for challenging and original research.

Douglas M. Watts, the scientific director of the laboratory said, "Perhaps the most visible studies we have undertaken focused on the massive cholera outbreak that occurred in South America in the mid 1990's. We helped define the epidemiology of this outbreak and tested potential vaccines for use in our military forces. However, we have had significant accomplishments in many areas over the last fifteen years. For example we introduced HIV testing in Peru and led the way in defining the extent of HIV infection there. We were the first to identify viruses in Peru that are threats to military operations. As we look to the future, we will continue our mission of threat assessment so that our forces know what infectious diseases they face in South America."

For more information on the Navy's infectious diseases research programs visit the web site at <http://www.nmri.nnmc.navy.mil>

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Headline: Bremerton provides quality care for its customers
By Judith A. Robertson, Public Affairs Officer

BREMERTON, Wash. -- There are a number of ways Navy hospitals go about providing the best care for their customers. Whether those customers are active duty personnel, family members, retirees or others, organizational, technical and business innovations help the Navy's medical care providers produce consistently high quality service. Naval Hospital Bremerton, Wash., was one of those hospitals that was again successful in 1998 providing that level of care.

Consolidation of the inpatient wards, closing of the Primary Care Clinic and opening of four Tricare Prime care centers, including the new Women's Wellness Center were some of the innovations that improved the hospital's service and saved more than \$3 million dollars. These feats of organizational skill were accomplished while increasing the hospital's overall TRICARE enrollment by almost 50 percent in the various primary care clinics and the Branch Medical Clinics.

Along with providing care to its customers, the hospital had to also meet readiness and training requirements. In 1998, the first surgery in a Navy tent-based facility was performed in Naval Hospital Bremerton's operational platform, Fleet Hospital Five. It was the first for any Navy hospital in the continental United States and marked the beginning of a superior method of training Fleet Hospital staff for what may be encountered during a deployment.

Though improving business practices and maintaining readiness was accomplished, it was still not enough for the medical team at Bremerton. They also wanted to exceed recognized measures for service and quality of care. That goal was accomplished by bringing the TRICARE Service Center onsite, developing a one-stop Ambulatory Procedures Unit, revamping Pharmacy functions and improving patient flow in the emergency room.

As it is with any good hospital, the medical team at Bremerton doesn't just respond to illness and injury. They also provide training for reducing health risks and promote wellness. The "Put Prevention into Practice" pilot program at the hospital created a Tobacco Cessation Program, consolidated multiple mental health functions, and outsourced inpatient mental health care.

To round out a year of providing successful health care, Naval Hospital Bremerton also continued its quality teaching program, graduating family practice physicians who were sent to operational platforms throughout the world. The Family Practice Department's continued academic excellence was evidenced by having seven out of 24 papers submitted by Bremerton accepted for the Uniformed Services Academy of Family Physicians. The top award at the national meeting of American Academy of Family Physicians went to a Bremerton practice resident.

"This past year presented enormous challenges for our entire team; military, civilian, Foundation Health partners and contract employees alike," said the hospital's commanding officer, CAPT Gregg Parker, MC. This team is great, they not only met those challenges, they exceeded them on almost all counts. As a team, we moved ahead by leaps and bounds and were able to stay focused by bouncing each task off our vision and our five strategic goals to be sure we were on track. The results are truly phenomenal." To view those accomplishments and other items of interest about the Naval Hospital, visit the hospital's web site at

http://nh_bremerton.med.navy.mil.

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Headline: Former Corpsmen see new techniques, new equipment
By Rod Duren, Naval Hospital Pensacola

PENSACOLA, Fla. -- The old saying, "The more things change, the more they stay the same" may work for many things in life, but not for a trio of World War II corpsmen who recently visited Fleet Hospital Pensacola's new field hospital training set.

"We were tremendously impressed," said Bob Taylor, CWO-4, USN, (ret.). "The contrasts between our days and the present day facilities and methods is vastly different. The corpsmen, however, are still the key to the care for our Sailors and Marines and [they are] still the best." The trio of former corpsmen, who served with the 1st Medical Battalion, 1st Marine Division in the South Pacific, included First Class Pharmacist Mate Neil Applegate, and First Class Pharmacist Mate David 'Dusty' Rawls. For about two years, they were in forward areas such as Guadalcanal and the Solomon Islands.

The three veterans were duly impressed with the up-to-date training set, with its operating room, showers, and air conditioning, is located at the rear of Naval Hospital Pensacola's compound. Those things were a stretch of the imagination on Guadalcanal.

"I remember that the dentists (in the WWII field hospitals) ran their drills by treadle," said Applegate, noting it was clear the Navy had made many improvements since those days.

As the veterans moved among displays of new medical technology, they spotted something that did bring back memories: a metal bedpan from 1952 -- still in its original crate.

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Headline: TRICARE question and answer

Question: Who is eligible to participate in TRICARE?

Answer: All active duty members in the seven uniformed services: Army, Navy, Air Force, Marines, Coast Guard, National Oceanic and Atmospheric Administration (NOAA) and Public Health Service (PHS), as well as their CHAMPUS-eligible family members, CHAMPUS-eligible retired military, their family members and survivors as well as active duty family members and retirees and their family members who are under age 65, Medicare eligible because of a disability, and enrolled in Medicare Part B.

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Headline: Healthwatch: Colds, flu seasons are still with us
Story courtesy of The Pentagon

According to the National Center of Health Statistics, 65 million colds send people to the doctor or knock them out of work or school each year. In addition, 44 million school

and workdays are missed annually because of colds and flu, according to the Center for Disease Control.

From now through March 12 a toll-free helpline will provide cold- and flu-prevention advice 24 hours a day. Callers to 1 (877) 265-3635 will receive health tips from Dr. Loraine Stern, a pediatrician and author of American Academy of Pediatrics Guide to Yours Child's Nutrition.

Children catch colds between six and eight times a year, on average, according to the National Center for Health Statistics. Children fall prey to cold viruses more often than adults because their immune systems are still maturing and children are often in close contact with sneezing peers in day-care centers or classrooms. Other family members have a 40 percent chance of catching the cold once a child has the bug.

According to the American Lung Association, weather alone will not cause the onset of colds or flu, but it is easier to contract the germs during winter, because more time is spent indoors with windows shut, leaving you more susceptible to viruses.

Stern offers the following prevention tips:

- Learn ABCs of hand washing

Encourage your family to wash their hands frequently throughout the day. Be sure to use plenty of soap and water. To make sure your children spend enough time with their hands under the faucet have them wash for as long as it takes them to sing the ABC's.

- Don't share cups

Make sure no one in your house shares drinking glasses. Sharing drinking glasses and cups is another way to spread germs. Use disposable cups in dispensers in the bathroom and kitchen.

- Keep hands off

Encourage your children to keep their hands away from their eyes, noses and mouths. If you have germs from a person with a cold on your hand and you touch your eyes, nose or mouth, you will be more likely to get the cold.

- Blow and throw

Make sure your children use paper tissues, throw them away and wash their hands immediately after use. Get your children in the blow, throw and wash habit early.

- Toss your towels

In the kitchen, use disposable paper towels instead of cloth ones. Bacteria and viruses can live on cloth towels for hours.

For more information, call 1 (877) 265-3635.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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